



MAINE STATE POLICE JUNIOR TROOPER ACADEMY CAREER ORIENTATION PROGRAM APPLICATION



July 28 – 30, 2010

Name (First, MI, Last)

Address

Date of Birth

City

State

Zip

High School

Grade

Home Phone

Email

Emergency Contact

Phone (Home and Business)

Please list any medical conditions or special accommodations you feel we should know about:

Plans after Graduation:

Please return forms and 100 word essay detailing why you want to be a trooper and attend this program to:

Maine State Police Academy
Junior Troopers
15 Oak Grove Road,
Vassalboro, ME 04989

**MAINE STATE POLICE CAREER ORIENTATION PROGRAM
CONSENT FOR MEDICAL TREATMENT & WAIVER FORM**

PARENT(S)/GUARDIAN(S): Please review this Consent for Medical Treatment & Waiver Form carefully before signing below. Thank you.

CONSENT FOR MEDICAL TREATMENT

In the event my/our child is injured or becomes ill while participating in the Maine State Police Career Orientation Program (hereinafter "Program"), and I/we am/are unable to ensure that he or she receives appropriate medical treatment, I/we hereby consent for my/our child to be provided with whatever medical and/or surgical procedures or treatment that, in the best judgment of the attending physician at the medical treatment facility to which my child is brought by Program personnel, is considered necessary.

I/We understand that in the event of a serious illness or injury, Program personnel will make reasonable efforts to notify me/one or both of us.

WAIVER

In consideration for our child's opportunity to participate in the Program, I/we, as the parent(s) or guardians(s) of the Program Participant named below, hereby release and forever discharge the Maine State Police, the Department of Public Safety, the State of Maine, and all of their officers, directors, employees, agents, and representatives (the "Releasees") from any and all liability, claim, loss, cost, or expense, and promise not to sue on any such claims against any Releasee, arising directly or indirectly from, or attributable in any legal way to, any negligence, action, or omission to act of any Releasee in connection with my/our child's participation in the Program.

I/We understand that during the Program, my/our child, as a Program participant, will participate in activities that may cause moderate stress and that will require physical exercise. I/We also understand that my/our child may observe demonstrations by Maine State Police Specialty Teams (including, for example, the Maine State Police Tactical, Canine, Underwater Recovery, and Bomb Teams), as well as participate in such Program courses as "Drill and Ceremony" (marching), "Introduction to Self-Defense," "Felony Motor Vehicle Stops," and police "Cruiser/Equipment Orientation."

I/We agree that this waiver extends to all acts of negligence of any Releasee and is intended to be as broad and inclusive as is permitted by law. Should I/we or my/our successors assert a claim in contravention of this waiver, I/we or my/our successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are financially adjudged liable on such claim for willful and wanton negligence.

I/WE HAVE READ THIS WAIVER PROVISION CAREFULLY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT (INCLUDING THE RIGHT TO BRING NEGLIGENCE CLAIMS AGAINST THE RELEASEES), AND INTEND MY/OUR SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I/WE HAVE CAREFULLY REVIEWED this *Consent for Medical Treatment & Waiver Form*, and hereby provide my/our signature freely and voluntarily.

PROGRAM PARTICIPANT: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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